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MARLOW

URBAN DISTRICT COUNCIL

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH



1951



M A R L O W   U R B A N   D I S T R I C T   C O U N C I L

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A N N U A L   R E P O R T

of the

M E D I C A L   O F F I C E R   O F   H E A L T H

for the year

1951

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Medical Officer of Health:

F.H.M. Dummer, M.B., Ch.B., D.P.H. (Lond).

Sanitary Inspectors:

T.H. Jackson, M.R.S.I., A.M.I.San.E.

A.A. Whiting, M.R.S.I., M.S.I.A., M.R.I.P.H.H.

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28, High Street,  
High Wycombe,  
Bucks.

June 1952.

To the Chairman and Members  
of Marlow Urban District Council.

Mr Chairman, Gentlemen,

I have the honour to present my Fourth Annual Report  
as your Council's Medical Officer of Health.

Once again it is my pleasure to record another  
health record which has been attained in Marlow - the  
Infantile Mortality Rate of 10.3 for 1951 was the lowest  
yet reached locally. The general rate for England and  
Wales was 29.6. It is true that the numbers involved are  
calculated on a small population, but it is nevertheless  
something of which to be proud. Only one infant under  
twelve months died in the current year. Of all the fea-  
tures brought out in local statistical analyses, none is  
more worthy of mention than that indicating progress in  
the saving of child-life. Faced as we are today with an  
increasingly aged population, the lowering of the infan-  
tile mortality rate is an urgent national problem. In  
this respect, Marlow's record compares favourably with  
any town in the entire country.



There has been a fall in the live birth rate this year, although the difference between the general rate and the local figure has been narrowed. In 1951, 97 births were registered, compared with 122 in 1950. The explanation is probably complex; housing, higher cost of living, difficulty in obtaining domestic help in large families - all play their part. "Fewer babies, more divorces" is one of the unhealthiest symptoms of our age. It is in the family and family alone that a nation's greatness lies. Weaken this unit, and you go a long way towards destroying the moral and spiritual fibre of the individual. Too much has been expounded on the "burden of parenthood" and today we are reaping the misery of the divorce courts, juvenile delinquency and neglected children. These are the features of the real poverty of our day.

The number of deaths notified remains the same - 79 - and the adjusted rate is 11.1 compared with a general rate of 12.5. You will see from the "Table of Deaths" that there has been a substantial increase, from 32 to 42, in deaths due to cardiac cases. This feature is found throughout the country and is an accompaniment of the ever increasing prolongation of the expectation of life. The expectation of life in England and Wales in 1950 was - Males 66.49 years. Females 71.22 years.



The table below brings out very clearly the combined effect of the weighted age population and the prolongation referred to:-

AVERAGE AGE AT DEATH. BOTH SEXES.			
1948	1949	1950	1951
61	65	71	72

Cardiac disease alone accounted for 53% of the total. The next largest proportion was accounted for by cancer, amounting to 16%. Interest is centred at the moment around the increase in lung cancer, and I have introduced a new table in the Report this year, showing how the notification of lung cancer works out on an analysis of the years 1948-51. This type is in particular a disease of the male - the present figures show a ratio of over 4:1 - and is thought to be increasing in the younger age groups. This latter view is not borne out by the local statistics, but here again I would warn against interpreting results from small surveys as "significant." Suffice it to say that lung cancer is on the increase and although several factors have been reported as potentially carcinogenic no common environmental feature has been specifically incriminated.



Once again no deaths were recorded from puerperal sepsis or other maternal causes. This fact underlines the relative safety of child birth today, associated as it is with ante-natal care and supervision, which is indispensable to all cases of pregnancy.

Although our local authority is not directly concerned with the administrative aspect of the National Health Service, it can, by representation, ensure that the value of such work is ever before the public eye. Much has been said of the diminishing powers of the small authorities, but it is well to remember that each council, however small, should be able and willing to voice the public interest in every aspect of a national service. It is within the province of every authority to see that its services - however remotely administered - are as good as it demands.

A problem in which interest by the local authority must not be underestimated is that of the care of the aged sick. It is true that the small authority is not directly responsible for this provision but it is one which has a tremendous local significance. I know from first hand experience that general practitioners have great difficulty in finding accommodation for the old folk. Often they are not ill enough to warrant hospital admission but too feeble to take care of themselves.



There is always a waiting list for accommodation in County homes - and in any case the majority do not wish to be permanent guests of the State. In some cases their homes contain few modern amenities, and, infirm as they are, these old people, pottering around an open fire or stumbling up and down rickety stairs, constitute a danger to others as well as themselves.

The solution is multiple - and it is not easy. It means more bungalows for the old, health visiting, increased "guest" accommodation for those who prefer communal life, more geriatric beds in hospitals, old people's clubs, and, most important of all, a feeling of real responsibility in the community for those whose labours in the past have made possible for use, what we are pleased to term, "the amenities of modern life."

The number of new cases of tuberculosis - 7 - remains as it was last year. There was one infant fatality in the non-pulmonary division. A great deal of research is being carried out throughout the world and already there are new drugs being used which, in selected cases, appear to give heartening results. Tuberculosis, however, remains one of the great scourges of the present time, and is taking heavy toll of the young manpower of the country. The mortality index for Marlow is 0.15 compared with 0.31 for England and Wales.



There was a large increase in the number of cases of measles notified during 1951: We find in general that this visitation occurs in more or less epidemic form every two years, and the main attack is concentrated on the entrant and junior groups in schools i.e. the age range 5 - 9. Again, no case of diphtheria was notified - in itself a fine testimonial to the value of protective immunisation. Any substantial decrease in the strength of this "barrier" will jeopardize the present diphtheria position, and it is essential that children should have their infancy immunisation "boosted" at the age of 4 - 5. This happy situation demands the attention of all parents and the lesson to be learned from it is clear and indisputable. The cobwebs of false security - "It will be time enough when the child actually has diphtheria" - should be ruthlessly destroyed. The free facilities are at the disposal of every child, whose right it is to have his life so protected.

Although I have no accurate records of vaccination returns it is obvious from school medical examinations that the rate is far below the desired level. Vaccination in infancy is a simple, safe procedure. It is far less disturbing than when carried out in adolescence or adult life. It is a great pity that more advantage is not being taken of this public service.



Finally, I wish to thank your Sanitary Inspector and his Assistant for the help and co-operation given during the past year; and your Public Health Committee for their sustained interest and support.

I am, Gentlemen,

Your obedient Servant,

F.H.M. DUMMER.

S T A T I S T I C S

Area in Acres.....	1,664
Registrar General's Estimate of resident population mid-1951.....	6,468
Number of inhabited houses according to rate books, end of 1951.....	1,975
Rateable Value.....	£50,660
Estimated Product of Penny Rate.....	£206

EXTRACT FROM THE VITAL STATISTICS  
FOR THE YEAR 1951.

BIRTHS.

		<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Live Births	Legitimate	54	36	90
	Illegitimate	4	3	7
		58	39	97
Still Births	Legitimate	3	1	4
	Illegitimate	-	-	-
		3	1	4

Comparability Factor - Birth Rate.....	0.99
Birth Rate per 1,000 of the Estimated Population..	14.99
Birth Rate of England and Wales.....	15.5
Still Birth Rate of the Estimated Population.....	0.62
Still Birth Rate of England and Wales.....	0.36
Adjusted local Birth Rate.....	14.75



DEATHS.

Number of Deaths	-	Males	-	40
		Females	-	39
				<u>79</u>

Death Rate per 1,000 of the Estimated Population...	12.2
Death Rate of England and Wales.....	12.5
Comparability Factor.....	0.91
Adjusted Local Death Rate.....	11.1

CANCER DEATHS.

1951 - Deaths at all ages	-	13
1950 - Deaths at all ages	-	16
1949 - Deaths at all ages	-	16
1948 - Deaths at all ages	-	13
1947 - Deaths at all ages	-	7

The distribution related to the organs affected was as follows:-

Lungs.....	4
Stomach.....	2
Breast.....	1
Uterus.....	0
Other Sites.....	6

LUNG CANCER DEATHS 1948 - 1951.

Age-groups	No. involved.			Age-groups. Percentage of Total.		
	M	F	M & F Total	M	F	M & F Total
40 - 50 years	1	-	1	12.5	-	10.0
50 - 60 years	2	1	3	25.0	50	30.0
60 - 70 years	2	-	2	25.0	-	20.0
70 - 80 years	2	-	2	25.0	-	20.0
80 - 90 years	1	1	2	12.5	50	20.0
Total	8	2	10	100.0	100.0	100.0
	Male		Female.		Male & Female.	
Mean Age	64½ years.		70 years.		65½ years.	
Age Range	48 - 81 years		59 - 81 years.		48 - 81 years.	
	1948	1949	1950	1951	Total	
Lung Cancer Deaths.	3	2	1	4	10	



TABLE OF DEATHS.

<u>DISEASE.</u>	<u>MALES.</u>	<u>FEMALES.</u>	<u>TOTAL.</u>
1. Tuberculosis, respiratory.....	-	-	-
2. Tuberculosis, other.....	-	1	1
3. Syphilitic disease.....	-	-	-
4. Diphtheria.....	-	-	-
5. Whooping Cough.....	-	-	-
6. Meningococcal Infections.....	-	-	-
7. Acute Poliomyelitis.....	-	-	-
8. Measles.....	-	-	-
9. Other infectious diseases.....	-	-	-
10. Cancer, stomach.....	2	-	2
11. Cancer, lungs.....	4	-	4
12. Cancer, breast.....	-	1	1
13. Cancer, uterus.....	-	-	-
14. Other cancers.....	3	3	6
15. Leukaemia, aleukaemia.....	-	-	-
16. Diabetes.....	-	-	-
17. Vascular lesions, nervous system	2	10	12
18. Coronary disease, angina.....	7	6	13
19. Hypertension with heart disease.	5	-	5
20. Other heart disease.....	9	15	24
21. Other circulatory disease.....	1	-	1
22. Influenza.....	-	-	-
23. Pneumonia.....	-	-	-
24. Bronchitis.....	4	1	5
25. Other respiratory diseases.....	-	-	-
26. Gastric and duodenal ulcer.....	-	-	-
27. Gastritis, enteritis and diarrhoea.....	-	-	-
28. Nephritis, nephrosis.....	-	-	-

TABLE OF DEATHS. (contd).

<u>DISEASE.</u>	<u>MALES.</u>	<u>FEMALES.</u>	<u>TOTAL.</u>
29. Hyperplasia of prostate.....	-	-	-
30. Pregnancy, childbirth, abortion..	-	-	-
31. Congenital malformations.....	-	-	-
32. Other defined and ill-defined diseases.....	1	1	2
33. Motor vehicle accidents.....	1	-	1
34. Other accidents.....	1	1	2
35. Suicide.....	-	-	-
36. Homicide and operations of war...	-	-	-
All Causes.....	40	39	79

MATERNAL DEATHS.

- (a) From puerperal sepsis..... 0
- (b) From other maternal causes. 0

INFANTILE MORTALITY.

One infant, a female, died under the age of one year. This represents an infantile mortality rate of 10.3 per 1,000 related births, compared with a rate of 29.6 in England and Wales.



# TUBERCULOSIS.

## NEW CASES AND MORTALITY DURING THE YEAR 1951.

(a)

(b)

Age Periods.	New Cases				Deaths			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M	F	M	F	M	F	M	F
0								
1	1							1
5								
10			1					
15								
25	2							
35			1					
45	1							
55								
65								
65+								
Totals:	4	1	2	-	-	-	-	1

No Deaths from respiratory Tuberculosis were recorded. One death occurred from non-respiratory Tuberculosis. This represents a Tuberculosis Death Rate of 0.15 per 1,000 as compared with 0.31 in England and Wales.



## NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS), 1951.

Disease	Total Cases Notified	Age Periods						
		Under 1 year	1-2	3-4	5-9	10-14	15-24	25+
Scarlet Fever	2	-	-	2	-	-	-	-
Whooping Cough	6	-	1	-	5	-	-	-
Acute Poliomyelitis: Paralytic	1	-	-	-	-	-	-	1
Non-Paralytic	-	-	-	-	-	-	-	-
Measles	121	2	12	30	72	1	3	1
Diphtheria	-	-	-	-	-	-	-	-
Acute Pneumonia	-	-	-	-	-	-	-	-
Dysentery	-	-	-	-	-	-	-	-
Smallpox	-	-	-	-	-	-	-	-
Acute Encephalitis: Infective	-	-	-	-	-	-	-	-
Post-Infectious	-	-	-	-	-	-	-	-
Enteric or Typhoid Fever	-	-	-	-	-	-	-	-
Paratyphoid Fever	-	-	-	-	-	-	-	-
Erysipelas	-	-	-	-	-	-	-	-
Meningococcal Infection	1	-	-	-	1	-	-	-
Food Poisoning	-	-	-	-	-	-	-	-
Puerperal Pyrexia	1	-	-	-	-	-	-	1
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-
TOTALS:	132	2	13	32	78	1	3	3



### IMMUNISATION AGAINST DIPHTHERIA.

Immunisation against diphtheria (and, where desirable, whooping-cough) continues to be carried out in schools and the Infant Welfare Centre, in your District, by arrangements made with the Bucks County Council. It is also optional for all persons to choose to have this service performed by their elected doctor under the National Health Service Act (1946). Completed record cards are now required to be returned to the County Health Department by all services. Completed courses of immunisation (including A.P.T. and combined diphtheria-pertussis vaccine) amounted to 86 for the year 1951. This figure is based on the returns received in the County Health Department during the year.

### AMBULANCE SERVICES.

The Ambulance arrangements for your District, made under proposals submitted by the County Council in accordance with Section 27 of the National Health Service Act (1946) and approved by the Ministry of Health are continuing to give satisfactory service.

An Ambulance is supplied by the Wycombe and District Joint Hospital Board for service in the Borough of High Wycombe, and the Urban Districts of Beaconsfield and Marlow and the Rural District of Wycombe. The facilities are adequate for the areas served.

### HOSPITALS.

The available Hospitals in the District are the Metropolitan Hospitals, The Royal Berkshire Hospital, Reading, and the King Edward VII Hospital, Windsor. In addition, there is the Marlow Cottage Hospital.

### NATIONAL ASSISTANCE ACT, 1948.

Section 47 - No formal action.



### LABORATORY FACILITIES.

The laboratory facilities of the Public Health Laboratory, Walton Street, Oxford, are available for all investigations carried out on behalf of the Council. Arrangements are made direct with the Laboratory for the transport of material, Periodic use has also been made of the Camberwell Research Laboratories.

### DRAINAGE AND SEWERAGE.

The Sewage Disposal Works continue to function reasonably satisfactorily, but it appears that the Works are rapidly becoming overloaded due to the construction of many new houses resulting in an increased water consumption per head, with a consequent increase of sewage flow, in addition to certain sewer extensions. It has been arranged that a complete report from the Council's Consulting Engineers in connection with the Sewage Disposal Works shall be received, considered and, when necessary, acted upon in the new year.

### WATER SUPPLIES.

Water is supplied by the deep wells of the Marlow Water Company and it is estimated that 1,950 houses are supplied direct from the public mains, representing approximately 98% of the inhabited houses. The supply has been adequate in quantity and general in quality, and it is thought that all possible sources of contamination will be removed when the properties in Spinfield Lane and Chalkpit Lane, now using cesspools, are connected to the proposed sewer extensions in those areas.

The following table shows the quarterly analyses. It should be noted that samples are tested regularly each month:-



MARLOW PUMPING STATION,  
CHALKPIT LANE, MARLOW.

Results of Analyses.

Date of Sample.	Number of colonies developing from 1 ml of the water in a:-		MacConkey Broth Test for presumptive presence of B. Coli and Con-geners.	Faecal Coli.	Lead. Copper. Zinc.
	Nutrient Agar Medium at 22°C in 72 hrs.	Nutrient Agar Medium at 37°C in 48 hrs.			
27th March	-	No 3 Well.	Absent in 64 mls of this water.	-	Absent
22nd June	-	2	"	-	"
20th September	-	4	"	-	"
21st December	-	0	"	-	"
		3			
27th March	-	No 4 Well.		-	"
22nd June	-	3	"	-	"
20th September	-	13	"	-	"
21st December	-	3	"	-	"
	30	25		-	"



STATEMENT OF WORKS OF SANITARY INSPECTOR UNDER  
ARTICLE 27 OF THE SANITARY OFFICERS ORDER, 1935.

Acts and Sections	Notices served		Complied with		Not complied with.		In progress	
	Infor- mal.	For- mal.	Infor- mal.	For- mal.	Infor- mal	For- mal.	Infor- mal.	For- mal
P.H. Act 1936. Sec. 58.	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Sec. 75.	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Sec. 93.	6	8	6	8	Nil	Nil	Nil	Nil
Housing Act 1936. Sec. 9.	12	Nil	12	Nil	Nil	Nil	Nil	Nil
Total	18	8	18	8	Nil	Nil	Nil	Nil

MILK SUPPLIES.

Periodic inspections have been carried out of dairies, and inspections arising from complaints.

MEAT.

During the year inspections of carcasses at the Ministry of Food Slaughterhouse in the District have been maintained and the undermentioned amounts of meat have been condemned:-

<u>BEEF.</u>	<u>MUTTON.</u>	<u>PORK.</u>	<u>OFFAL.</u>	<u>VEAL.</u>
25,907 lbs.	436 lbs.	1,471 lbs.	17,674 lbs.	277 lbs.

During the year the number of kills at this slaughterhouse were as follows:-

<u>CATTLE.</u>	<u>SHEEP.</u>	<u>CALVES.</u>	<u>PIGS.</u>
2,462	2,979	492	62



OTHER FOODS.

During the year the Sanitary Inspectors have issued 54 Condemnation Notes in respect of foodstuffs condemned. These certificates in the main, relate to canned food. Periodic examination of ice-cream has been carried out and samples were considered satisfactory.

FOOD POISONING.

There were no cases of food poisoning notified during 1951.

FACTORIES ACT 1937.

Three additional factories have been opened up during the year and entered in the Register of Factories in the District. Factories appearing on the Register have been inspected from time to time.

HOUSING.

(i) Unfit Dwelling Houses.

- (a) The total number of dwelling-houses inspected for housing defects under the Public Health and Housing Acts..... 35
- (b) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be not fit for human habitation..... Nil
- (c) Number of dwelling-houses which were inspected and recorded under the Housing Consolidation Regulations 1925..... Nil
- (d) Number of dwelling-houses found not to be in all respects reasonably fit for human habitation 26



HOUSING. (Contd).

- (ii) Remedy of Defects without Service of Formal Notices.
- Number of defective dwelling-houses made fit in consequence of informal action being taken by Local Authority or their Officers..... 18
- (iii) Action taken under Statutory Powers.
- (a) Proceedings under Sec.9 of the Housing Act 1936.
- Number of dwelling-houses in respect of which notices have been served requiring repairs.... Nil
- Number of dwelling-houses rendered fit by owner..... Nil
- (b) Proceedings under Public Health Acts.
- Number of dwelling-houses in which defects were found and notices served requiring defects to be remedied..... 8
- Number of dwelling-houses in which defects were remedied:-
- By Owners..... 8
- By Local Authority in Default..... Nil
- (c) Proceedings under Sections 11 & 13 of the Housing Act, 1936.
- Number of dwelling houses in respect of which "Time & Place" Notices have been served upon the owners..... Nil
- Number of dwelling-houses in respect of which Demolition Orders were made..... Nil
- Number of dwelling-houses demolished in pursuance of Demolition Orders..... Nil
- (d) Proceedings under Section 12 of the Housing Act, 1936.
- Number of separate tenements or underground rooms in respect of which closing orders were determined but tenement or room having been rendered fit..... Nil